### FORM D

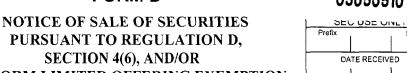
RECD S.E.C.

1086

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D





UNIFORM LIMITED OFFERING EXEMI	PTION
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Fortress Residential Investment Deutschland (Fund D) L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Fortress Residential Investment Deutschland (Fund D) L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Fortress Investment Group LLC, 1251 Avenue of the Americas, 16th Floor, New York, NY 10020	Telephone Number (including Area Code) 212-798-6100
Address of Principal Business Operations (Number and Street, City. State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Investment Fund	
Type of Business Organization  corporation  business trust  limited partnership, already formed  limited partnership, to be formed	lease specify): PROCESSED
Actual or Estimated Date of Incorporation or Organization:     Month   Year	

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission. 450 Fifth Street. N.W. Washington, D.C 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

A٦	т	E	N.	T١	٥	N

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 10

SEC 1972 (6-02)



		BASIC IE	DENTIFICATION DATA		
• Each beneficial owner	having the power and director of c	er has been organized w to vote or dispose, or dire corporate issuers and of o	vithin the past five years, eet the vote or disposition of corporate general and mana		class of equity securities of the issuer. artnership issuers; and
Check Box(es) that Apply:	Promoter	<b>▼</b> Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Amber, LLC					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Co	ode)		
c/o The Northwestern	Mutual Life Ins	urance Co. 720 East	Wisconsin Ave Milwa	ukee, WI 53202	2.
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		· · · · · · · · · · · · · · · · · · ·		
Westwood Holdings, L	LC				
Business or Residence Addr		Street, City, State, Zip Co	ode)		
109 Wilshire Blvd. 12tl	n Fl. Los Angel	es, CA 90024Attn: F	Peter Adamson		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	individual)				
SunAmerica Life Insur	ance Company				
Business or Residence Addr		Street, City, State, Zip Co	ode)		
1 SunAmerica Center,	38th Fl., Los Ar	ngeles, CA 90067			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	findividual)			<u> </u>	
Fortress Principal Inves	stment Holdings	s II LLC			
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Co	ode)		
1251 Avenue of the Ar	nericas, 16th Flo	oorNY, NY 10020A	ttn: Daniel Bass		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Fortress Residential In-	estment Deutso	chland GP L.P.			
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Co	ode)		
c/o Fortress Investment	Group LLC, 12	251 Avenue of the A	mericas, 16th Floor, N	lew York, NY	10020
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				· · · · · · · · · · · · · · · · · · ·
Alan Chesick					
Business or Residence Addi	ess (Number and S	Street, City, State, Zip Co	ode)		
c/o Fortress Investmen	t Group LLC, 1	251 Avenue of the A	Americas, 16th Floor, N	New York, NY	10020
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Wesley R. Edens					
Business or Residence Addr	ress (Number and S	Street, City, State, Zip Co	ode)		
c/o Fortress Investmen	t Group LLC, 1	251 Avenue of the A	Americas, 16th Floor, N	New York, NY	10020

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

		E	BASIC IDEN	TIFICA	ΓΙΟΝ DATA					
2. Enter the information re	quested for the foll	lowing:								
• Each promoter of the	issuer, if the issue	er has been org	anized with	in the pas	t five years,					
• Each beneficial owner	having the power (	o vote or dispos	se, or direct t	the vote o	r disposition of	f, 10%	or more of	a class	of equity securities of the	issuer.
Each executive office	r and director of co	orporate issuer	s and of corr	oorate gei	eral and mana	aging c	artners of	partner	ship issuers: and	
Each general and ma		•	•			5-01			., .,	
		parenersp							·	
Check Box(es) that Apply:	Promoter	Benefici	al Owner	<b>X</b> Exe	cutive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)	······································								
Robert I. Kaufman										
Business or Residence Addre	ess (Number and S	treet, City, Stat	e, Zip Code)	1						
c/o Fortress Investment	Group LLC, 12	251 Avenue o	of the Ame	ericas, 1	6th Floor, N	lew Y	ork, NY	10020	0	
Check Box(es) that Apply:	Promoter	Benefici	al Owner	Exe	cutive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)						-			
Randal A. Nardone										
Business or Residence Addre	ess (Number and S	treet, City, Stat	e, Zip Code)	)						
c/o Fortress Investment	Group LLC, 12	51 Avenue o	of the Ame	ricas, 1	oth Floor, N	ew Y	ork, NY	10020	)	
Check Box(es) that Apply:	Promoter	Benefici	al Owner	<b>E</b> xe	cutive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)									
Jeffrey Rosenthal										
Business or Residence Addre	ess (Number and S	treet, City, Stat	e, Zip Code)	)	······································					
c/o Fortress Investment	Group LLC, 12	251 Avenue	of the Ame	ericas. 1	6th Floor, N	lew Y	ork. NY	10020	0	
Check Box(es) that Apply:	Promoter		al Owner		cutive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	findividual)									
	ŕ	4								
Business or Residence Addr	ess (Number and S	treet, City, Stat	e, Zip Code)	)	····					
Check Box(es) that Apply:	Promoter	Benefici	al Owner	Exe	cutive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, it	findividual)								<del></del>	
Business or Residence Addr	ess (Number and S	treet, City, Stat	e, Zip Code	)						
Check Box(es) that Apply:	Promoter	Benefic	ial Owner	Exe	cutive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, i	findividual)					<del></del>				
Business or Residence Addr	ess (Number and S	street, City, Star	te, Zip Code	)						
Check Box(es) that Apply:	Promoter	Benefic	ial Owner	Exe	cutive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, i	f individual)	-					<u> </u>	<u> </u>		
Business or Residence Addr	ess (Number and S	Street, City, Star	te, Zip Code	)						
	(Use bla	nk sheet, or cop	by and use ac	lditional c	opies of this sh	neet, as	necessary)	)		

				В.	INFORMA	TION ABO	OUT OFFER	RING				
7 77					-11 4	116	1 :	1 - Al-1 - CC			Yes	No
1. Has the	issuer sol	d, or does					investors		-		📙	<b>[X</b> ]
2 What is	the minin	oum invect					n 2. if filin; vidual?	-			2.10	000,000 *
							nent Deutsch					
							,					No □]
commiss If a pers or states	sion or sime on to be list, list the na	nilar remun sted is an a ame of the	eration for ssociated pe broker or de	solicitatior erson or ag ealer. It me	n of purchas gent of a bro ore than fiv	sers in com oker or dea e (5) perso	l be paid on nection with ler registere ns to be list or dealer on	n sales of sed with the ted are asso	ecurities in SEC and/	the offerior with a s	ng. tate	
Full Name	(Last name	e first, if in	dividual)									
Business o	r Residenc	e Address	(Number ar	nd Street. (	City, State.	Zip Code)	-					
Name of A	ssociated	Broker or	Dealer									
States in V	Vhich Pers	on Listed I	Has Solicite	ed or Inten	ds to Solic	it Purchase	ers					
(Chec	k "All Stat	es" or chec	k individua	l States)			•••					All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[ IL ] [MT]	[ IN ] [NE ]	[IA]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI]	[MN] [OK]	[MS]	[MO]
[RI]	[SC]	[NV] [SD]	[ TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[OH] [WV]	[WI]	[OR] [WY]	[PA] [ PR]
Full Name	(Last nam	e first, if in	dividual)									
Business o	or Residence	ce Address	(Number a	nd Street,	City, State	, Zip Code	)					
Name of A	Associated	Broker or l	Dealer						,			
States in V	Which Pers	on Listed	Has Solicit	ed or Inter	nds to Solic	it Purchase	ers					
(Chec	k "All Stat	tes" or chec	k individua	l States)						••••••	🗀 🗸	All States
[AL] [ IL ] [MT] [ RI ]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [ TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [ PR]
Full Name	(Last nam	e first. if ir	idividual)								<u> </u>	
Business	or Residen	ce Address	(Number a	ind Street,	City, State	, Zip Code	)					
Name of A	Associated	Broker or	Dealer									
States in V	Which Pers	son Listed	Has Solicit	ed or Inter	nds to Solid	cit Purchas	ers					
(Chec	ck "All Sta	tes" or che	ck individu	al States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[ IL ] [MT]	[ IN ] [NE ]	[ IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[OR] [WY]	[PR]

#### OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1 .	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s <u>o</u>	<u>\$ 0</u>
	Equity	\$ \$218,800,000	S \$218,800,000
	Common Preferred		
	Convertible Securities (including warrants)	\$ o	\$ 0
	Partnership Interests.		\$ 0
	Other (Specify		
	Total		
	Answer also in Appendix, Column 3. if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is *'none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	40	\$_\$218,800,000
	Non-accredited Investors.		S <u>0</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		S
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	<b>X</b>	\$0
	Printing and Engraving Costs	<b>X</b>	\$6,720
	Legal Fees.	<b>X</b>	S67,200
	Accounting Fees	<u>X</u>	\$ 16,800
	Engineering Fees	X	S0
	Sales Commissions (specify finders' fees separately)	<b>X</b>	S0
	Other Expenses (identify) Travel Expenses and Miscellaneous Expenses		•
	Total	×	S <u>101,920</u>

OFFERING PRICE.	NUMBER	OF INVESTORS	EXPENSES /	AND USE OF PRO	CEEDS

	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part CQ	ng price given in response to Part CQuestion 4.a. This difference is the "ad	Question 1 justed gross	
	proceeds to the issuer."			S 218,698,030.00
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	purpose is not known, furnish an est the payments listed must equal the adj	imate and	
			Payments to Officers. Directors, &	
		1	Affiliates	Others
	Salaries and fees		x s 0	<b>X</b>   S <u>0</u>
	Purchase of real estate		<del></del> -	<u><b>x</b></u> s <u>0</u>
	Purchase, rental or leasing and installation of mach and equipment		<b>x</b> s <sup>0</sup>	§ <u>0</u>
	Construction or leasing of plant buildings and facil		_	<b>X</b> S 0
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	<u>~</u> .0	<u>0</u>
	Repayment of indebtedness		_	<b>X</b> \$ 0
	Working capital			<b>X</b> \$ <u>0</u>
	T			<b>x</b> \$ 0
			<b>X</b> S 0	\$\frac{218,698,080.00}{218,698,080.00}
	Column Totals			S 218,698,080.00
	Total Payments Listed (column totals added)		\$_	218,698,080.00
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accre	nish to the U.S. Securities and Exchan	ge Commission, upon writt	
Iss	uer (Print or Type)	Signature	Date	
Fo	ortress Residential Investment Deutschland (Fund D) L.P.	/s/Randal A. Nardone	April 12, 200	5
	me of Signer (Print or Type)	Title of Signer (Print or Type)		
R	andal A. Nardone	Chief Operating Officer		

## - ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)

		E. STATE SIGNATURE								
1.	Is any party described in 17 CFR 230.262 pre provisions of such rule?	sently subject to any of the disqualification	Yes No							
	See A	Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to fur D (I 7 CFR 239.500) at such times as required		nich this notice is filed a notice on Form							
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	The undersigned issuer represents that the issue limited Offering Exemption (ULOE) of the state of this exemption has the burden of establishing the control of the exemption of the exemption has the burden of establishing the control of the exemption has the burden of establishing the exemption of the exemption has the burden of the exemption o	te in which this notice is filed and understands the								
	er has read this notification and knows the content horized person.	ts to be true and has duly caused this notice to be	signed on its behalf by the undersigned							
Issuer (P	rint or Type)	Signature	Date							
	Residential Investment Deutschland (Fund D) L.P.									
Name (P	rint or Type)	Title (Print or Type)								
Randal	A. Nardone	Chief Operating Officer								

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AF	PPENDIX				
1	Intend to non-a	to sell ccredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4  Tinvestor and rchased in State C-Item 2)		under Sta (if yes, explan	ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X	Common, \$99,300,000	11	\$99,300,000	0	0		×
со									
СТ		×	Common, \$3,000,000	4	\$3,000,000	0	0		×
DE									
DC									
FL		X	Common, \$1,000,000	2	\$1,000,000	0	0		X
GA									
ні									
ID		X	Common, \$500,000	1	\$500,000	0	0		X
ΙL				-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
IN		X	Common, \$500,000	1	\$500,000	0	0		X
lA					0.500,000				
KS				-				<del></del>	
KY									
LA									
ME									
MD									
MA		X	Common, \$6,500.000	3	\$6,500,000	0	0		X
MI		X	Common, \$8,000,000	1	\$8,000,000		0		X
MN	-		90,000,000		1,000,000				
MS		-							<del> </del> -

<del></del>				APP	ENDIX				
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)  Type of investor and amount purchased in State (Part C-Item 2)		Type of security and aggregate offering price offered in state		under Sta (if yes, explan	lification ate ULOE attach ation of granted)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE									
NV									
NH									
NJ		X	Common, \$3,000,000	2	\$3,000,000	0	0		×
NM									
NY		X	Common, \$57,800,000	7	\$57,800,000	0	0		X
NC									
ND									
ОН									
OK									
OR									
PA		X	Common, \$200,000	11	\$200,000	0	0		X
RI									
SC									
SD									
TN		X	Common, \$3,000,000	1	\$3,000,000	0	0		×
TX									
UT									
VT									
VA									
WA		X	Common, \$ 6,000,000	5	\$ 6,000,000	0	0		X
WV									
WI		X	Common, \$30,000,000	1	\$30,000,000	0	0		×

				APPI	ENDIX				
1	:	2 .	3  Type of security			4		5 Disqual under Sta	
	to non-a	to sell ccredited s in State Item 1)	and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				(if yes, attach explanation of waiver granted) (Part E-Itern 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	ːNo
WY									
PR									